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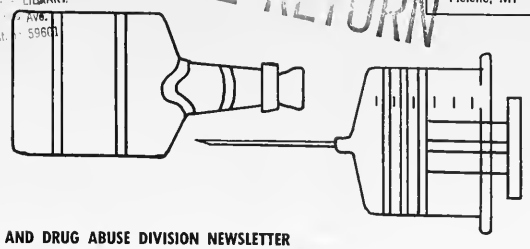

MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 5, Number 1 — 2 — December, 1978-January 1979

Planning and Funding Timetable Established

Month	Steps	Planning	Steps	Funding
Jan.	1	Notify programs to begin their own local planning.		
	2	Contract for regional needs assessment and plans.		
	3	Contact HSA for input.		
	4	Begin to analyze federal and state data.		
Feb.	5	Conduct regional needs assessments.	1	Notify programs of funding process.
	6	Continue to analyze data.	2	Announce date of bidders conference.
	7	Identify federal priorities.	3	Send out grant application kits.
Mar.	8	Draft regional plans and conduct hearings.	4	Identify funding criteria.
	9	Finalize regional plans and priorities.	5	Determine funds available.
	10	Establish state and federal priorities.	6	Develop review process and committee.
	11 12	Priorities finalized and presented to Montana Advisory Council on Alcohol and Drug Dependency.	7	Conduct bidders conference.
April	13	Develop state-wide goals and objectives based on regional priorities.	8	Receive and log in grant proposals.
	14	Begin to prepare State Plan draft.	9	Review proposals.
May	15	Finalize State plan draft.		
	16	Advisory Council review of Plan.		
	17	Public review (A-95 Program and Statewide Health Coordinating Council).	10	Recommendations by State Advisory Council and Department Director.
June	18	Finalize Plan incorporating recommendations.	11	Negotiation process.
	19	Print Plan.	12	Award contracts.
July	20	Submit Plan to federal agencies.		

Regional Plans Underway

Preparation of the State Plan for alcohol and drug abuse, FY 1980 will start in February with regional planning. As in FY 1979, regional planners will contact all programs for information about their needs and will base regional priorities upon needs identified by programs and communities.

Regional planning is being utilized to insure that community input is included in the state plan according to Alcohol and Drug Abuse Division planner, Joan Rutledge, who urges all drug and alcohol program people to cooperate fully with the planner in their region.

The accompanying chart shows the timetable for planning and funding.

Bruno Named Bureau Chief

Darryl Bruno

Darryl Bruno, who has been serving for the past two years as administrative director of the Southwestern Montana Drug Program has been named Community and Program Development Bureau Chief. Included in the Community and Program Development Bureau are drug programs, technical assistance, special services, prevention and training and certification for all substance abuse programs.

Bruno is a Butte native with a degree in Business Administration from the University of Montana. Following ten years as a small businessman, he started working with the state government in 1973.

When not at the office, Bruno is likely to be found on the playing fields coaching pee-wee baseball or small-fry football.

Detox Funds Available

A federal grant effective October 1, 1978 allows the Alcohol and Drug Abuse Division to pay detoxification costs for program clients. However the following elements must apply:

1. The patient receives another element of care in addition to detox — i.e., outpatient, residential.

2. The patient is a client of a State-approved alcohol program with an individualized treatment plan.

3. Documentation is submitted that other sources of payment — individual, insurance, county medical, Vocational Rehabilitation — have been applied for and are not available.

4. Costs may be applied only for actual detoxification and not ancillary releted medical costs, i.e., broken bones, TB, etc.

5. Funding from this grant may be used for two detoxification treatments per individual during the period 10/1/78 through 8/1/79.

6. Payment for detoxification services will be made to the State-approved program and they will pay the vendor for services provided.

7. The total amount of funding available for the services is $66,500 and when this fund is expended by programs statewide the Division will no longer fund State-approved alcohol program detox costs.

8. Funding for detoxification is only for Montana residents.

As of Dec. 31, 1978, $443.55 of the detoxification funds had been expended.

Request DWI Supplies Now

Programs that have not applied for films or other supplies for Court Schools are reminded to do so soon, as this is the last year for which funding from the Highway Safety Office is projected.

Requests should be made to the Alcohol and Drug Abuse Division and should include documentation of need.

Legislative Audit Report and ADAD Response

The legislative auditor's office has completed an audit of the ADAD's administration of the statewide alcoholism treatment program. The audit report includes a summary of the auditor's recommendations and the division's response. The summary follows:

Goals and Objectives

RECOMMENDATION

We recommend that the department make the statewide goals and objectives for alcoholism and alcohol abuse treatment available to provider programs prior to providers' submission of grant applications.

RESPONSE:

Disagree. To ensure compliance with planning guidelines esteblished by NIDA and NIAAA, the annual state plan is developed utilizing the Federal fiscal year (October 1-September 30). The funding cycle for alcohol service providers is based upon the state fiscal year (July 1-June 30). Due to the differences in state and federal fiscal years, it is not feasible to have finalized statewide treatment goals end objectives completed prior to providers' submission of grant applications. However, as was done in FY78-79, regional priorities identified during the regional planning process will be acted upon by the Montana Advisory Council on Alcohol and Drug Dependency to determine statewide funding priorities prior to solicitation of grant applications from service providers. Both statewide end regional priorities will be made available to all service providers along with regional plans before initiation of the funding cycle.

Statewide goals and objectives for the ensuing year will then be developed based upon regional priorities.

RECOMMENDATION

We recommend that the department analyze the state plan to determine if more specific short-term goals and objectives and long-range goals and objectives are needed.

RESPONSE:

Agree. The department will analyze its planning process to determine if more specific short-term end long-range goals and objectives are needed during the FY79-80 planning process.

It should be noted, however, that the department is required by Federal law to submit annual alcohol and drug plans and the Health Systems Agency (HSA) is charged with the development of long-range alcohol and drug plans. The ADAD coordinates its long-range planning process with the HSA to ensure consistency with their long-range plan. With the state legislature enecting new laws perteining to alcohol and drugs every two years, long-range plans developed by the department have been limited to two years.

Duplication of Services

RECOMMENDATION

We recommend that the department seek authority to establish standards to prevent duplication of services by service eree.

RESPONSE:

Agree. The department agrees with this recommendation. We do, however, feel the problem as documented in the audit is a legislative problem. With funding for alcohol treatment available from either county or state government, the department "does not have complete authority in administering the statewide alcoholism treatment program." (Report on Audit," December 1978, Office of Legislative Auditor, p. 33.) The Department of Institutions will continue to discourege duplication of services through control of funding available at the state level. The department would like the legislature to clarify this problem and will ask the subcommittee on institutions appropriations to review this problem.

Provisional Status

RECOMMENDATION

We recommend that the department discontinue granting provisional approvel status to programs not meating the full epprovel requirements of the state or seek clarification of the authority for granting provisional epprovel of programs.

RESPONSE:

Agree. The department agrees with this recommendation. We will discontinue the use of provisional approval for programs. In an effort to continue minimum services statewide those programs not meeting minimum standards for approval will receive a limited approval not to exceed 90 days to correct deficiencies. Normally programs are approved for a 12 month period.

Funding Criteria

RECOMMENDATIONS

We recommend that the department:

1. Complete a statewide needs assessment prior to allocation of funds.

2. Establish specific funding criteria and communicate those criteria to providers.

RESPONSE:

1. Disagree. As indicated in the audit report on page 36, needs assessments were not completed prior to funding allocation in FY77-78. However, as was documented and pointed out to the legislative auditors, statewide needs assessments were completed, acted upon by the Montana State Advisory Council on Alcohol and Drug Dependency and made available to providers prior to allocation of funds in FY78-79. We do not concur with this recommendation since it had already been corrected in FY78-79.

2. Agree. The department will establish specific funding criteria based on regional needs assessments and established effectiveness indicators for each alcoholism treatment service prior to the bidder's conference to be held in Helena in March 1979. At the bidder's conference, the written criteria will be included with the grant application kit and become part of the overall package given out to alcohol treatment programs.

Cost Effectiveness Indicators

RECOMMENDATION

We recommend that the department formulete effectiveness indicators to measure cost end effectiveness of different types of treatment.

RESPONSE:

Agree. The department has already developed new financiel reporting forms which will enable us to determine cost effectiveness of different treetment programs. These forms will be implemented in March 1979.

Treatment effectiveness measures will continue to be studied and reviewed by the department in 1979-80. Basic treatment effectiveness indicators based on 78-79 data will be established by March 1, 1979 and communicated to all programs at a "bidder's conference" scheduled in March 1979 prior to grant application submission.

Presently, the department's alcohol and drug abuse division has limited staff to continually monitor program performance relating to compliance or non-compliance of effectiveness indicators.

Reporting Delays

RECOMMENDATION

We recommend that the department:

1. Enforce provider contract provisions which require the forwarding of program data within ten working days after the end of the reporting period.

2. Evaluate other reasons for delayed reporting of AIS information and reduce the turn around time for issuance of reports.

RESPONSE:

1. Agree. The department will send registered letters to all approved programs prior to January 31, 1979. The content of this letter will include section 2 of the agreement between the department end the provider end number 5 of the assurances in the original grant epplication. Also included will be the following statement: "Feilure to submit required reports in a timely manner will be cause for suspension of funding and/or loss of approved status." However, it is our intent to change section 2 of the agreement from 10 working days to the 15th of the following month to ensure that providers have adequate time to submit reports.

2. Agree. The department does recognize the problems in delayed reporting and high turn-eround time of data reports.

A. Delayed reporting — Along with the corrections mentioned above in item 1, by March 1, 1978 the department's alcohol end drug abuse division will evaluate other reasons for delayed AIS reporting and develop policies and procedures to ensure timely and accurate reporting.

B. Reduce turn-around time — As mentioned in the audit report the major reasons for the high turn-around time of the AIS date reports is due to the manual and automated editing process. In Jenuary 1979 the ADAD will contact the Department of Administration, Deta Processing Division, for formal re-eveluation of the existing AIS system. This eveluation will eddress reduction of turn-around time for AIS reports.

The following options will be considered:

A. Expand present automated system edit to eliminate manual edit. This option would re-program edit procedures and would be costly to develop.

B. Expand or increase manpower working on the manual edit. This would require the hiring of an additional clerical person to assist in the manual edit phase.

C. Reduce present AIS system — Any reduction of the present system data elements would increase the difficulty for ADAD to comply with its monitoring and evaluation responsibilities end would create problems in developing program effectiveness indicators.

RECOMMENDATION

We recommend the department:

1. Ensure that all providers comply with the division's reporting requirements.

2. Monitor implementation of consistent admission criteria for the individual alcohol treatment programs.

RESPONSE:

1. Agree. The department will continue to ensure that providers comply with reporting requirements by:

A. Signed assurances in grant applications and contracts.

B. Approval requirements end on-site evaluations.

C. ADAD monthly edit procedures for reporting.

D. On-going training sessions to provider personnel.

In addition to the already established procedures as noted above, the division will ensure that immediete action will be teken to remove approval status from any provider who fails to comply with reporting procedures.

2. Disagree. The department has developed consistent admission criteria. This criteria is explained in the AIS manuals which are distributed to all programs. The division monitors these criterie in the following manner:

A. Monthly manual editing and processing of data including constant telephone contect with programs.

B. Automated computer edits which reject errors in reporting of admissions.

C. On-site evaluations.

History of AIS Reporting System

The department would like to address the AIS reporting problems pointed out on page 45. However, a discussion of the history and development of the AIS system would help readers better understand the department's disagreements with these problems.

The AIS reporting system was developed by a federal grant in FY76-77 and was implemented in all alcohol programs in September 1977. The ADAD realized that to implement a system of this size, start-up problems would be encountered for at least the first four months (September-December 1977). Also, with the implementetion of HB627

the Habit

THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

Michael A. Murray, Division Administrator
Robert W Anderson, Reporting and Evaluation Bureau Chief
Darryl Bruno, Community and Program Development Bureau Chief.
Editor, Lynne Scott. Photography, Jim Scott
Comments and suggestions from readers are invited phone (406) 449 2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.

More Audit Report . . .

in July 1977, the number of new programs increased rapidly during this start-up phase. This created not only an increase in the number of AIS forms to be edited but also the number of provider personnel to be trained.

The data presented in the legislative audit report represents 10 months of data, September 1977 through June 1978. This included the start-up phase data when numerous problems were expected and encountered.

The following are department responses to the reporting problems detailed on page 45:

Coding Problems

"AIS reports listed clients coded for specific services not provided by the treatment program. For the 18 programs visited, 84 of the 4,878 clients were coded in error."

During the start-up phase of the AIS, we encountered many coding problems and tried to resolve as many as possible. However, 84 out of 4,878 represents a 1.7% error factor which we feel is a very low error rate considering it included the start-up phase.

Computer-manual Conflict

"AIS computer information and manually compiled summary reports conflicted for the number of admissions and discharges for all 18 programs. The total number of admissions recorded by the computer was 5,406, while the summary reports reported 3,939 admissions. Discharges for the computer and manual system were listed as 4,611 and 4,070 respectively."

Comparison of admission/discharge information recorded on the monthly summary reports (MSR's) cannot be considered a reliable check as late admission/discharge reports are not reflected on the MSR's. Therefore, admission/discherge information shown on the MSR's and the computer files will never totally agree.

The primary reason for the large discrepancy between MSR admission/discharge and computer admission/discharge reported in the legislative audit report, is that their data included the AIS start-up phase (September 1977-December 1977). During the initial implementation of the AIS, the ADAD encountered many problems with providers not being able to accurately fill out the MSR; however, these reporting problems have since been resolved. The ADAD ran the same check used by the auditors but excluded data gathered during the start-up phase. From January-September 1978 we documented 6,493 MSR admissions compared with 6,533 computer file admissions for all state programs. This test resulted in a discrepancy of only 40 admissions (0.6% error). Comparison of discharges for the same period of time showed 5,748 MSR discharges compared to 5,686 computer discharges (a difference of only 62 or 1.0%).

The ADAD utilizes the computer admission/discharge information in all data analysis because late admissions and discharges are updated monthly on the computer files. The monthly summary report is used to collect monthly caseloads, follow-up contacts, prevention/education information, staff hours and to document only the number of admissions and discharge forms submitted by providers each month.

Validity of admission/discharge data submitted to the ADAD is verified during on-site program evaluations.

Admission-Readmission Errors

"Fifteen of the 297 client files examined indicated clients were being readmitted to the same program for further treatment, but were recorded as first admissions. These 15 exceptions were noted in 5 of the 18 programs."

Implementation and edit procedures of the AIS system required programs to show readmission only for clients that had been previously reported on the AIS system. Any client who had treatment prior to September 1977 would have been placed on the system as a first admission and coded as a readmission thereafter. Although a form in a client file may have shown a first admission, this could have been corrected during the edit process at the state level and the form not changed at the program level. The computer will not accept readmission on a client number unless there is a prior first admission. Further, 15 out of 297 represents a 5% error factor which we feel is a very low rate considering it includes the start-up phase date.

Correctional Program Data

"Two programs serving 88 clients for fiscal year 1977-78 did not report on AIS, but reported on another system for drug progams. This data is not comparable with AIS data."

The two programs referred to in this write-up are alcohol and drug counselors located at correctional institutions. These programs receive federal funds from the National Institute on Drug Abuse (NIDA). Because they receive NIDA funds they are required to report on the drug reporting system. It was the decision of the ADAD not to require these programs to also report on the AIS system as this would have created a heavy reporting burden on these programs.

Although this data is not totally comparable with AIS data, a majority of the information gathered on the drug system can be manually compared to the AIS data (i.e., number of admissions, readmissions, sex, age, race, employment, marital status, discharge, reason for discharge and monthly case load). The ADAD will not burden these programs by requiring them to report on two separate reporting systems. Further, these are unique programs providing alcohol and drug counseling to inmates of state correctional institutions. Comparing these unique programs with other public treatment programs would serve no monitoring or evaluative purpose because the services are delivered in a totally different environment. Correctional programs are and should be compared only with each other.

Staff Activity Reports

"Two inpatient program providers did not compile and submit required staff activity reports for parts of fiscal year 1977-78."

Two inpatient providers referred to in this write-up because of their size and number of staff did have initial problems in reporting staff hours and activity to the ADAD in part of fiscal year 1977-78. However, this problem was corrected in fiscal year 1978-79 and these programs are submitting the activity reports as required. Because this write-up was corrected in fiscal year 1978-79, no further response is necessary.

In summary, the ADAD realized that there were reporting problems in fiscal year 1977-78 due to initial implementation of the AIS system. The majority of the reporting problems identified in this audit have been corrected or are considered by the ADAD to be minimal. The ADAD will continue to monitor its admission criteria utilized by individual programs to ensure consistency and accuracy.

Client File Security

RECOMMENDATION

We recommend that the department ensure compliance with federal and state statutes for client file security and content.

RESPONSE:

Disagree. With the existing manpower and funds the department does all it can to ensure compliance with federal and state statutes for client file security and content during on-site evaluations.

A. File content — During on-site evaluations, file content is always checked at programs by ADAD evaluators. Programs with deficiencies in file content are listed as unacceptable in this category on the ADAD evaluation report. Due to lack of evaluators, follow-up on unacceptable items can only be done by correspondence. Programs must address the correction of all unacceptable items in writing to ADAD within 90 days of an inspection. On-site follow-up evaluation would improve compliance by providers but current staffing levels at the ADAD do not permit on-site follow-up evaluations (1.3 staff to evaluate 44 programs annually).

B. File security — This is always checked during on-site reviews. The two providers referred to in this audit were complying with the federal and state security standards:

1. Program kept files in a locked desk instead of a locked file cabinet;

2. Program has a cross reference Rol-O-Dex that contains client information. This device is locked in a file cabinet after working hours.

Both of these programs will be notified in writing to review their file security procedures and if possible strengthen controls prior to February 1, 1979.

Collection of Client Fees

RECOMMENDATION

We recommend that the department:

1. Enforce provisions for collection of client fees for programs providing intermediate treatment.

2. Consider requiring collection of client fees based on ability to pay for other treatment services provided.

RESPONSE:

1. Agree. We will ensure that all intermediate care programs receive a copy of section 20-2.26 S310 (10)(b) of the Administrative Rules of Montana by January 1, 1979. We will also include this rule in the grant application kit, in agreements with intermediate care providers and in the program evaluation reviews which will ensure that all intermediate care facilities have a policy for collection of client fees by March 1, 1979 when our new program expenditure and revenue reports are implemented.

2. Agree. We will consider by July 30, 1979 requiring collection of client fees based on ability to pay for other treatment service providers by analyzing the success of programs who have developed and implemented sliding fee schedules.

ADAD-Provider Communications

RECOMMENDATION

We recommend that the department evaluate its communication system and establish effective communication with alcoholism treatment providers.

RESPONSE:

Partial Agreement. The department does not agree with the findings that significant communications problems with providers exists; however, we will evaluate our current communications system and correct any weaknesses identified. We will also take steps to develop a documented and more structured system for communication with alcoholism treatment providers by January 31, 1979.

Those interested in the complete audit report may write to: Office of the Legislative Auditor, Room 105, State Capitol, Helena, MT 59601.

Client Status Defined

The following criteria for determining client status have been established by the ADAD. All programs are reminded to utilize these criteria in the record-keeping systems.

ACTIVE CLIENTS are on-going and new clients that have received services during the report month.

INACTIVE CLIENTS are those who have not received services during the report month. Their folders remain in the inactive file for 90 days, at which time the client is terminated if there have been no further services.

If a client returns to the program before the 90 days his file is reactivated and placed in the active file.

TERMINATED CLIENTS: Clients are terminated after 90 days of inactivity. Other reasons for termination are:

The client leaves the area and will be out of the program for three months or more; the treatment plan is completed; the client has been referred and is receiving no further services from the program; the client refuses further services.

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THE HABIT Recommends—

TURNABOUT: Help for a New Life
by Jean Kirkpatrick, Ph.D.
$6.95 from Women For Sobriety, Inc.
Box 618, Quakertown, PA. 18951

In "Turnabout: Help for a New Life" Jean Kirkpatrick, founder of Women for Sobriety, an A.A. alternative for women, describes her self-directed recovery from alcoholism and outlines the program she developed to help addicted women deal with their alcohol problem in the total context of their lives.

A woman alcoholic, she says, has over-whelming culturally-reinforced feelings of guilt and failure which make sobriety a daily struggle unless she can learn to "view herself as capable of over-coming not only her drinking problems but other problems as well."

Changing negative self-image in all areas is the purpose of Kirkpatrick's program, Women for Sobriety, which is based on small groups of women meeting together to share friendship, trust, and mutual support. The program utilizes 13 statements of acceptance which members are encouraged to use daily.

The statements are:

1. I have a drinking problem that once had me.
2. Negative emotions destroy only myself.
3. Happiness is a habit I will develop.
4. Problems bother me only to the degree I permit them to.
5. I am what I think.
6. Life can be ordinary or it can be great.
7. Love can change the course of my world.
8. The fundamental object of life is emotional and spiritual growth.
9. The past is gone forever.
10. All love given returns two-fold.
11. Enthusiasm is my daily exercise.
12. I am a competent woman and have much to give others.
13. I am responsible for myself and my sisters.

This book should be an invaluable resource for anyone working with women clients.

STUDENT PEER COUNSELING HANDBOOK AVAILABLE

Student peer counseling — in which trained and supervised students offer to others a supportive ear, alternatives, and other verbal and non-verbal interaction but little or no advice — may be succeeding where other types of counseling have failed, a new book on the subject says.

The book, "The Complete Handbook of Peer Counseling With Update on Alcohol," by Mimi and Don Samuels, is available free from the Southern Area Alcohol Education and Training Program, Inc., 4875 Powers Ferry Rd., N.W. Atlanta, GA 30327.

—Information from "Alcoholism and Alcohol Education"

Title XX Handbook Gives Funding Info

Title XX of the Social Security Act shifts responsibility from the Federal to the State level for deciding who will be served by what social services, and how and where those services will be provided. The shift is designed to increase State control over the structure of service programs and the allocation of resources.

All Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)-funded programs are required to pursue alternative funding sources. Because Title XX provides an opportunity for such funding, a new publication entitled "Title XX Handbook for Alcohol, Drug Abuse, and Mental Health Treatment Programs" is being distributed.

The Handbook was created to help the States and community treatment programs to become involved in the Title XX planning process for the purpose of expanding the delivery of their services.

The Title XX program is designed to promote client self-sufficiency and to prevent abuse or neglect of children and adults unable to protect their own interests. The program also can serve to reduce inappropriate institutional care by providing for community — or home-based care for the needy, and institutional care and services can be arranged when appropriate.

Title XX is a cost-sharing program. Participation by the Federal Government is limited to the amount of Federal Title XX funds allocated to each state in any given year.

Copies of the Title XX Handbook may be obtained from the Superintendent of Documents, Stock No. 017-024-0078701, @ $3.00.

— From ADAMHA NEWS, January 12, 1978

MCA Reprints Study

The Montana Council on Alcoholism (MCA) in cooperation with the Alcohol and Drug Abuse Division, is reprinting and distributing "The Alcoholic, Law Enforcement and the Uniform Act in Montana," a 1978 study prepared by Clint Grimes.

The three-part study includes the findings of interviews with law enforcement personnel, judges, and alcoholism program personnel in 28 Montana counties.

The second study component is a compilation of Montana Board of Crime Control statistics for alcohol-related arrests from 1973 through the first two quarters of fiscal 1978.

The third component summarizes study findings and includes eleven recommendations for improvement, based largely upon interviews.

Reporting Form Workshop

Training sessions to explain the use of the Division's new financial reporting form will be held during March. Dates and Places are: 5th, Billings; 6th, Miles City; 7th, Havre; 8th, Kalispell, 9th, Helena.

All sessions will start at 10 a.m. Letters with more information have been mailed.

Training Calendar Update

The Training Calendar published in the last "Habit" has been up-dated. Changes from the original calendar are shown in the following chart, where the original schedule appears on the left and the up-dated schedule on the right. Originally scheduled courses that have been cancelled are lined out. All courses now being offered are shown in the up-dated schedule.

ORIGINAL SCHEDULE

FEBRUARY

~~Group Counseling~~

Marriage and Divorce — Tu. 20-Wed. 21

MARCH

~~Basic Management Series — Week of 5th-9th~~

~~Training Group~~

APRIL

Training of Trainers — Mon. 2-Fri. 6

Assessment Interviewing for Treatment Planning Mon. 23-Sat. 28

~~Basic Management Series — Week of 16-20~~

MAY

Community Based Prevention Specialist — 7-11

~~Family Counseling~~

JUNE

Adolescents: Intervention Strategies — Week of 4th-8th

Women in Treatment — TBA

UPDATED SCHEDULE

FEBRUARY

Marriage & Divorce — Tu. 20-Wed. 21, Bozeman

MARCH

Basic Management Course — 6th-9th, Lewistown

Group Processes — 26th-29th, Great Falls

APRIL

Training of Trainers — Mon. 2-Fri. 6

Assessment Interviewing for Treatment Planning — Mon. 23-Sat. 28

Time Management — 16th, Helena

MAY

Community Based Prevention Specialist — 7th-11th

Time Management — Missoula

JUNE

Adolescents: Intervention Strategies — 4th-8th

Women in Treatment — TBA

Introducing —

Charles Canterbury

Charles Canterbury

Charles "Chick" Canterbury has been named prevention and education coordinator for the Alcohol and Drug Abuse Division. He will be seen around the state in the near future as his first task is writing the State Prevention Plan, for which he needs and wants program input.

Canterbury has a BA degree in political science and drama from Middlebury College, Vermont, and a Masters in Public Administration from the University of Michigan.

For the past fifteen years he has lived in Washington, D.C., where he has planned in-patient care for the Veterans Administration and served as program co-ordinator for drug abuse in Montgomery County, Maryland.

The ADAD's newest member is a man of vision. He may deny it, but what else can you call someone who came to town the day of the 19 inch snowfall and bought land in the country. When the snow melts and he can find it, he is going to build on his land and settle down to enjoy the wide open spaces.

Alcohol and Drug Abuse Degree Program Offered

The Alvernia College in Reading, Pennsylvania is offering a baccalaureate degree program in Alcohol and Drug Abuse Counseling/Administration. The program may be completed on an independent study basis with no class-room attendance necessary. Academic credit is offered for life experience.

Alvernia is a private college accredited by the Middle States Association of Colleges and Schools. The program is new and the only one of its kind in the United States so it is impossible to tell at this time what amount of recognition the degree may receive.

Information is available from: Program Administrator, Career Designs Center, Alvernia College, Reading, Pennsylvania 19607.

This article is included for informational purposes only and does not imply ADAD endorsement of the program.

Keane Turns Columnist

Beaverhead County's level of alcohol awareness is being raised by a weekly question and answer column in the Dillon "Tribune-Examiner." The columnist, Bob Keane, Dillon Alcohol Services counselor, says that community response has been good and is indicative of a desire for accurate information.

Most questions are about what to do to help a family member with a drinking problem, Keane says. A recent question was, "If you find your alcoholic spouse's bottle, what do you do with it?"

On alternate weeks the column is devoted to a greater coverage of one alcohol-related subject. Topics planned for future one-subject columns are Al-Anon, Alateen, and "What the community can do."